

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

(Page 1)

CFO 15093

#3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMAGE PROCESSING APPARATUS FOR DETERMINING SPECIFIC IMAGES

the specification of which ☐ is attached hereto ☒ was filed on January 30, 2001 as United States Application No. or PCT International Application No. 09/771,983 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

| Country | Application No. | Filed (Day/Mo./Yr.) | (Yes/No) Priority Claimed |
|---------|-----------------|---------------------|------------------------------|
| JAPAN | 2000-021426 | 31 January 2000 | Yes |
| JAPAN | 2000-021431 | 31 January 2000 | Yes |

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor JUNICHI HAYASHI
Inventor's signature Junichi Hayashi
Date March 14, 2001 Citizen/Subject of JAPAN
Residence 21-11-301, Shukugawara 2-chome, Tama-ku, Kawasaki-shi, Kanagawa-ke, Japan
Post Office Address c/o Canon Kabushiki Kaisha
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Second Joint Inventor, if any KEIICHI IWAMURA
Second Inventor's signature Keiichi Iwamura
Date March 14, 2001 Citizen/Subject of JAPAN
Residence 29-2-405, Futaba-cho 4-chome, Minami-ku, Yokohama-shi, Kanagawa-ken, Japan
Post Office Address c/o Canon Kabushiki Kaisha
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

(Page 2)

Full Name of Third Joint Inventor, if any YOSHIHIRO ISHIDA
Third Inventor's signature Yoshihiro Ishida
Date March 14, 2001 Citizen/Subject of JAPAN
Residence 1-1-3-312, Heian-cho 1-chome, Tsurumi-ku, Yokohama-shi,
Kanagawa-ken, Japan
Post Office Address c/o Canon Kabushiki Kaisha
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Fourth Joint Inventor, if any TOMOCHIKA MURAKAMI
Fourth Inventor's signature Tomochika Murakami
Date March 14, 2001 Citizen/Subject of JAPAN
Residence 21-11-302, Shukugawara 2-chome, Tama-ku, Kawasaki-shi,
Kanagawa-ken, Japan
Post Office Address c/o Canon Kabushiki Kaisha
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Fifth Joint Inventor, if any _____
Fifth Inventor's signature _____
Date _____ Citizen/Subject of _____
Residence _____
Post Office Address _____

Full Name of Sixth Joint Inventor, if any _____
Sixth Inventor's signature _____
Date _____ Citizen/Subject of _____
Residence _____
Post Office Address _____

Full Name of Seventh Joint Inventor, if any _____
Seventh Inventor's signature _____
Date _____ Citizen/Subject of _____
Residence _____
Post Office Address _____

Full Name of Eighth Joint Inventor, if any _____
Eighth Inventor's signature _____
Date _____ Citizen/Subject of _____
Residence _____
Post Office Address _____